

CENTENNIAL SCHOOL DISTRICT

121-AR-7. FIELD TRIP MEDICAL INFORMATION FORM

STUDENT INFORMATION	Name _____ Grade _____ Address _____ Home Phone _____ Date of Birth _____ Father's Name _____ Home/Work Phone _____ Mother's Name _____ Home/Work Phone _____ Parent Cell Phones: Mother _____ Father _____ Alternate Contact Person _____ Phone _____
MEDICAL INFORMATION	Health Insurance Carrier _____ Policy # _____ Physician's Name _____ Phone _____ Note any allergies/medical conditions of which we should be aware _____ _____ Tetanus Booster _____ (Date) Present Medications _____ In compliance with District policy, no student is permitted to carry any form of medication unless authorized in writing by the District. Arrangements for transport of medication essential to your student's health should be made with the school nurse. If your student will need any medication during the trip, you are encouraged to accompany your child. Parent/Guardian of student requiring prescription medication must check one (1) of the following: <ol style="list-style-type: none"> 1. _____ My child will omit his/her daily scheduled medication on the day of the trip. 2. _____ My child may take his/her regularly scheduled medication upon returning to school. 3. _____ I would like to accompany my child on the trip and I will administer the prescription medication to my child. If you check #1 or #2, please provide doctor's note of confirmation to the school nurse ten (10) days prior to the scheduled field trip and review plan for the day regarding medication.
SIGNATURE	In case of illness or emergency, and in the event parents/guardians, physician, or other persons named on this form cannot be contacted, the school officials are authorized to take whatever action is deemed necessary for the health and safety of my child. I also give permission for my child to be taken to the hospital and treated in case of emergency. Parent/Guardian Signature: _____ Date: _____